

AMENDMENT TRANSMITTAL LETTER				Docket No. 2450-0591P																																																		
Application No 10/716,631-Conf. #6340	Filing Date November 20, 2003	Examiner U. C. Ruddock	Art Unit 1771																																																			
Applicant(s): Jone CHANG																																																						
Invention: RESILIENT AND COLORED BATH SPONGE																																																						
<p>MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="7" style="text-align: center; padding: 5px;">CLAIMS AS AMENDED</th> </tr> <tr> <th style="width: 20%;"></th> <th style="width: 10%;">Claims Remaining After Amendment</th> <th style="width: 10%;">Highest Number Previously Paid</th> <th style="width: 10%;">Number Extra Claims Present</th> <th style="width: 10%;"></th> <th style="width: 10%;">Rate</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">5</td> <td style="text-align: center;">- 20 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x</td> <td style="text-align: right;">25 00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">1</td> <td style="text-align: center;">- 3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x</td> <td style="text-align: right;">100 00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="6" style="padding: 5px;">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="6" style="padding: 5px;">Other fee (please specify):</td> <td></td> </tr> <tr> <td colspan="6" style="padding: 5px;">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td style="text-align: right; padding: 5px;">0.00</td> </tr> </tbody> </table> <div style="margin-top: 10px;"> <input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> No additional fee is required for this amendment </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Please charge Deposit Account No _____ in the amount of \$ _____ A duplicate copy of this sheet is enclosed </div> <div style="margin-top: 5px;"> <input type="checkbox"/> A check in the amount of \$ _____ is enclosed </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Payment by credit card Form PTO-2038 is attached </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No <u>02-2448</u> as described below A duplicate copy of this sheet is enclosed </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Credit any overpayment </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. </div> <div style="margin-top: 20px; display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Joe McKinney Mupcy Attorney Reg No : 32,334</p> <p>BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P O Box 747 Falls Church, Virginia 22040-0747 (703) 205-8026</p> </div> <div style="width: 35%; text-align: right;"> <p>Dated: <u>January 18, 2007</u></p> </div> </div>						CLAIMS AS AMENDED								Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate		Total Claims	5	- 20 =	0	x	25 00	0.00	Independent Claims	1	- 3 =	0	x	100 00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>							Other fee (please specify):							TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						0.00
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